



**CITY OF POMPANO BEACH, FLORIDA
ADVISORY BOARD/COMMITTEE APPLICATION**

City Clerk's Office
Post Office Drawer 1300
Pompano Beach, Florida 33061

Phone No. (954) 786-4611
Facsimile No. (954) 786-4095

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF BOARD/COMMITTEE: UNSAFE STRUCTURES

NAME OF APPLICANT: HECTOR G. BARRAGAN

RESIDENCY ADDRESS: 2840 NE 14th STREET CSY, APT: A-309, POMPANO BEACH

ZIP CODE: 33062 HOME PHONE NO.: (954) 785-8056

MAILING ADDRESS: 2840 NE 14th STREET CSWY, APT: A-309

CITY/STATE/ZIP CODE: POMPANO BEACH, FL 33062

ARE YOU A CITY RESIDENT? YES: X NO: _____

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1 2 3 4 5 *ohp*

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: X NO: _____

ARE YOU A REGISTERED VOTER? YES: _____ NO: X

HAVE YOU BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE, WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED? YES: _____ NO: X

BUSINESS OR OCCUPATION: STRUCTURAL ENGINEER, BARRAGAN ENGINEERING CONSULTANTS, P.A.

BUSINESS ADDRESS: 24 NE 24th AVENUE

CITY/STATE: POMPANO BEACH, FL

ZIP CODE: 33062 BUSINESS PHONE NO.: (954) 781-6700

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? NO

IF YES, PLEASE LIST NAME: _____

WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? YES

IF YES, PLEASE LIST NAME(S): _____

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? NO

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: _____

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION, WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE: _____

EDUCATION: B.S. CIVIL ENGINEERING, UNIVERSIDAD DE LOS ANDES, BOGOTA, COLOMBIA
M.S. STRUCTURAL ENGINEERING, FLORIDA ATLANTIC UNIVERSITY, BOCA RATON, FLORIDA.

EXPERIENCE: 12 YEARS OF PROFESSIONAL EXPERIENCE

CURRENT POSITION: PRESIDENT, BARRAGAN ENGINEERING CONSULTANTS, P.A.

PAST POSITIONS: ENGINEER, CHALAIZE AND ASSOCIATES, INC., A.G. LICHTENSTEIN & ASSOC., ENVIRON. CONSULTING & TECHNOLOGY, ETC.

HOBBIES: SWIMMING

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION.

H. G. Baumgardner
SIGNATURE OF APPLICANT

DATE OF APPLICATION

INITIALS OF CLERK OR DEPUTY

1/1/08
DATE RECEIVED OR CONFIRMED

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE _____ AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: _____ NUMBER OF MEETINGS ATTENDED: _____